

1596

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

317

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location St. Monica Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 hours ; In Community 6 MOS ; In Arizona 6 MOS
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL) (d) Street No. 724 E Roosevelt Street ; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME Thomas L Littrell (b) If Veteran World War II (c) Social Security No. 1777

4. Sex M 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced married (b) Name of husband or wife Irene Frances Littrell (c) Age of husband or wife, if alive 39 yrs.

7. Birthdate of deceased August 31, 1912
(Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 29 If less than one day hrs. min.

9. Birthplace Jackson, Tennessee
(City, town or county) (State or Country)

10. Usual Occupation Ambulance driver

11. Industry or Business

Father { 12. Name Thomas F Littrell
13. Birthplace Kentucky
(City, town or county) (State or Country)

Mother { 14. Maiden Name Janice Lindsey
15. Birthplace Missouri
(City, town or county) (State or Country)

16. (a) Informant's own signature Janice Littrell
(b) Address 724 E Roosevelt St., Phoenix, Ariz.

17. (a) Burial, Cremation or Removal burial
(b) Place Greenwood-Phoenix (c) Date July 1, 1944
C Stanley Clegg

18. (a) Embalmer's Signature A L Moore and Sons
(b) Funeral Director 333 W Adams St., Phoenix, Ariz.
(c) Address

19. (a) July 1 - 1944
(b) Dr. Stuart H. Hughes
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) June 30, 1944
TIME (Hour and minute) 8:10 A.

21. I hereby certify that I attended the deceased from 4:25 AM June 30, 1944 to 8:10 AM June 30, 1944
that I last saw him alive on June 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure
Due to Overdose of Anacin & Meonal tablets
Due to Insanity Chronic Alcoholism
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature St. Monica's Hosp Date signed 7/1/44
Address

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically